MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/2~~~ ~	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\							51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
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13								63						
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36								86						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	5	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	10							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)